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Intereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3,73(b).	POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO									
Practitioners associated with the Customer Number: OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number Number Registration Number Number Registration Number Name Registration Number Name Registration Number Name Registration Number Registration Number Registration Number Name Registration Number Registration Number Name Registration Number Name Registration Number Name Registration Number Name Registration Number Registration Number Name Registration Number Registration Number Registration Number Name Registration Number Registration Registration Registration Registration Registration Registration Registration	37 CFR 3.73(b).									
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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	x Practitioners associated with the Customer Number: 25226									
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X The address associated with Customer Number: 25226 OR Ifim or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Capnia, Inc. 2445 Faber Place, Suite 250 Palo Alto, California 94303-3348 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Form of the practitioner is authorized to act on behalf of the assignee. Signature Amish Bhatnagar, M.D. Telephone (650 - 213 - §444 - y+ 19	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
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